Billed Entity Applicant #: 131976	Applicant s Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 112 of 319	1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>

FRI	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
				Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	19b 20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A		n of components and costs, plus any	low. Attachment # <u>USFATCH0102</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	40 -		
23	Calculations	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	

			Non-Recurring Charges			Total Charges				
A	В	C	D	E	F	G	Н	1	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000

Billed Entity Applicant #: 131976	Applica s Form Iden	ıtifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 51:	5-242-7773	
BLOCK 5: Discount Funding Request(s)	I	Page 113 of	319

FR	N #	(to be assigned b	y admini	strator)		
11			15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B	
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A	
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000	
13	SPIN - Service Provider Identification Number:	l l		Contract Award Date (mm/dd/yyyy)	01/12/2001	
				Service State Date (mm/dd/yyyy)	07/01/2001	
			19ь	Service End Date (mm/dd/yyyy)	N/A	
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002	
21	Description of this Service:	You MUST attach a description of the service, includi relevant brand names. Label this description with an A			low. Attachment # USFATCH0102	
22 Entity/Entities Receiving this Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						
		b.If the service is shared by all entities on a Block 4 w (e.g. A-1)				
23	Calculations					

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	5,000	0	5,000	5,000	60%	\$3,000

Bille	d Entity A	pplicant #: 13	1077			· · · · · · · · · · · · · · · · · · ·	Applicant s F	Sama Idantifi	TOM I	PS4710101			
Con	act Person	: Greg Dav	vis				Phone Number: 515-242-7773						
BLC	OCK 5: Di	scount Fundin	g Reque	est(s)				Pag	e 114 of 319				
Instr numl	uctions: Use per the comp	e one Block 5 pag pleted pages to as	ge for EA sure that	CH serv	ice (Funding all processed	Request Numb	per) for which y	ou are reques	sting discounts. Ma	ake as many	/ copies	s of this page a	is necessary, and
FRI	N #					(to be	assigned by	administi	rator)				
11		of Service (only (mmunications Se					. 	15 G	Contract Number (if 'T" if tariffed service, nonth-to-month servi described in instruction	, "MTM" if ces as	se	RFP #00-48B	
12 Form 470 Application Number: 70434000029662				340000296620		16 J	Billing Account Nu e.g. billed telephon	ımber: ıe number)		N	/A		
								Allowable Vendor Se Contract Date: (mm	/dd/yyyy)		12/12/2000		
13		rvice Provider tion Number:			1	143008724			Contract Award Date (mm/dd/yyyy)			01/12	/2001
									Service State Date (n			07/01	
14	Service Dr	ovider Name						-	Service End Date (mm/dd/yyyy) Contract Expiration Date			N	
						Enterprises,			(mm/dd/yyyy)			/2002	
21	Descriptio	n of this Service:							of components and cost d note number in space		oelow.	Attachment #	USFATCH0102
22	Entity/Ent Service:	tities Receiving thi	is	Nu	mber of the ent	tity from Block	4 receiving this s	service.	by others), list the En		3975		
					g. A-1)		ics on a Block 4		. the workshoot name				
23	Calculatio	ns											
		Recu	rring Cl	narges			Non	-Recurring	Charges		•	Total Charges	3
	A	В	(D	E	F	G	Н	1		j	К
(total amount for service) \$ amount in (A) pre-d is ineligible? am (A m		(A mi	scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total prog year pre-dis \$ amour (E & H	count nt I)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	()	0	0	10,000	0	10,000	10,000)	60%	\$6,000

Billed Entity Applicant #: 131976	Applica s Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)	<u> </u>	Page 115 of	f 319

FRI	N #	(to be assigned by	y admini	strator)			
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B		
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A		
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000		
13	SPIN - Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001		
			19a	Service State Date (mm/dd/yyyy)	07/01/2001		
		<u> </u>	19Ь	Service End Date (mm/dd/yyyy)	N/A		
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002		
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A			ow. Attachment # <u>USFATCH0102</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)					
23	Calculations						

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	j	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500

Billed Entity Applicant #: 131976	Applica s Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 116 o	f 319

FRN	[#	(to be assigned by	/ admini	strator)				
11	O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B			
12	Form 470 Application Number:	cation Number: 704340000296620		Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:			Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a	Service State Date (mm/dd/yyyy)	07/01/2001			
		<u> </u>	19b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	Da Voco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At			pelow. Attachment # <u>USFATCH0102</u>			
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58985 -						
			ared by all entities on a Block 4 worksheet, list the worksheet number:					
23	Calculations			·	·			

	Recu	rring Charges			Noi	ı-Recurring C	harges		Total Charges	•
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

	e ^r		4 · *					
Bille	d Entity applicant #: 131976		Applica s For	rm Ideni	tifier: DMP	S4710101		
Cont	act Person: Greg Davis		Phone Number	: 515	5-242-7773			
BLC	OCK 5: Discount Funding Requ	est(s)		P	age 117 of 319			
Instru numb	octions: Use one Block 5 page for EA eer the completed pages to assure that	ACH service (Funding Request Num they are all processed correctly.	ber) for which you	u are req	uesting discounts. Ma	ke as many copi	es of this page a	s necessary, and
FRN	V #	(to be	e assigned by a	admini	strator)			
11	Category of Service (only ONE cat O Telecommunications Services			15	Contract Number (if "T" if tariffed service, month-to-month service	"MTM" if	RFP#	00-48B
12	Form 470 Application Number:	70434000029662	0	16	described in instruction Billing Account Nu (e.g. billed telephone	mber: e number)	N	/A
				17	Allowable Vendor Se Contract Date: (mm/		12/12	/2000
13	SPIN – Service Provider Identification Number:	143008724		18	Contract Award Date (mm/dd/yyyy)	e	01/12	/2001
				19a	Service State Date (n			/2001
14	Service Provider Name	D-W	Y	19b	Service End Date (mi			/A /2002
	Service Hovider Name	DaVoco Enterprises	, inc.	20	(mm/dd/yyyy)	Date	00/30	1/2002
21	Description of this Service:	You MUST attach a description of the relevant brand names. Label this description					Attachment #	USFATCH0102
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (pro Number of the entity from Block			ed by others), list the En	ity 59004 -		
		b. If the service is shared by all enti- (e.g. A-1)	ties on a Block 4 w	orksheet,	list the worksheet number	er:		
23	Calculations							
	Recurring C	harges	Non-I	Recurrin	g Charges		Total Charge	S
	A D	CDE	F		LI LI		1	K

	Recu	rring Charges			Non	n-Recurring C	harges		Total Charges	5
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	5,000	0	5,000	5,000	50%	\$2,500

Bille	d Enti.	pplicant #: 13	1976	 <u>-</u> -			Applic. 3 I	Form Identi	ifier: DMI	PS4710101			
Cont	act Person	: Greg Da	vis			-	Phone Numb	er: 515-	-242-7773				
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				Pa	ige 118 of 319				
Instru numb	actions: Us per the comp	e one Block 5 pag oleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numl correctly.	per) for which	you are requ	esting discounts. M	ake as many c	opies of this page	as necessary, and	
FRN	N #		<u>.</u>			(to be	assigned by	y adminis	trator)	· · · · · · · · · · · · · · · · · · ·			
11		of Service (only on mmunications Se				ed) • Internal Ce	onnections	15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP i	#00-48B	
12	Form 47(Application Nu	mber:		704	340000296620)	16	Billing Account No.		Ŋ	l/A	
								17	Allowable Vendor So Contract Date: (mm	election/	12/12/2000		
13		rvice Provider tion Number:				143008724		18	Contract Award Dat (mm/dd/yyyy)		01/1	2/2001	
								19a	Service State Date (r			1/2001	
14	Service Pr	ovider Name	<u> </u>		DaVoc	Enterprises,	Inc.	19b 20	Service End Date (m Contract Expiration			V/A 0/2002	
21	Descriptio	n of this Service:							(mm/dd/yyyy) of components and coand note number in spa		ow. Attachment	# USFATCH0102	
22	Entity/En	tities Receiving th	is	Nı	imber of the en	tity from Block	4 receiving this	service.	d by others), list the En		6		
				1	the service is sl g. A-1)	nared by all entit	ties on a Block 4	worksheet, li	ist the worksheet numb	er:			
23	Calculatio	ons		<u> </u>		 _							
		Recu	rring C	harges			Nor	1-Recurring	Charges		Total Charge	es	
	A B C D E						F	G	Н	I	J	K	
(total	Monthly \$ charges (total amount for service) Samount in (A) pre-discount amount (A minus B) Months						Annual non- recurring (one time) \$ charges	How much of the \$ amour in (F) is ineligible?	nt pre-discount \$ amount for one-	Total program year pre-disco \$ amount (E & H)		Funding Commitment \$ Request (1 x J)	
	0	0		0	0	0	10,000	0	10,000	10,000	80%	8,000	

	ŧ.												
Bille	ed Enti , A	pplicant #: 13	1976				Applic s F	orm Ide	entifie	er; DMF	S4710101		
Con	tact Person:	Greg Dav	/is				Phone Numb	er: 5	15-24	2-7773			
BLO	OCK 5: Di	scount Funding	g Reque	st(s)			· · · · · · · · · · · · · · · · · · ·		Page	119 of 319			
		e one Block 5 pag pleted pages to ass					ber) for which y	ou are re	equest	ing discounts. Ma	ike as many cop	ies of this page a	as necessary, and
FR	N #					(to be	assigned by	admii	nistra	ator)			
11		of Service (only (•					15	Co "T me	ontract Number (if if tariffed service, onth-to-month servicescribed in instruction	"MTM" if ces as	RFP#	00-48B
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Bi (e	illing Account Nu	imber: e number)	N	/A
							17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)					12/12/2000	
13		rvice Provider tion Number:				143008724		18	(n	ontract Award Dat nm/dd/yyyy)		01/12	2/2001
								19a 19b		ervice State Date (n			/2001 /A
14	Service Pr	ovider Name			DaVoco	Enterprises,	Inc.	20	C	ontract Expiration nm/dd/yyyy))/2002
21	Descriptio	n of this Service:		You MU relevant	ST attach a de brand names.	scription of the Label this descr	service, includin	g breakdo tachment	wn of	components and cos note number in space	ets, plus any ce provided below	. Attachment /	# USFATCH0102
22	Entity/Ent Service:	titles Receiving thi	s	Nur	nber of the ent	tity from Block	4 receiving this s	service.		y others), list the En		-	
					ne service is sh A-1)	ared by all enti	ties on a Block 4	workshee	et, list t	he worksheet numbe	er.		
23	Calculatio	ns											
		Recu	rring Ch	arges			Non	-Recurr	ing C	harges		Total Charge	S
	A B C D						F	G		Н	I	J	K
(total amount for service) \$ amount in (A) pre-discount service discount amount provided in elig (A minus B) program year cha						Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How mu the \$ an in (F) ineligi	amount pre-discount \$ year pre-discount (from Block 4 Committed F) is amount for one-stated time charges (F. 6. II) worksheet) Requ				Funding Commitment \$ Request (I x J)
	0	0	0		0	0	5,000	0	_	5,000	5,000	90%	\$4,500

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Bille	ed Enti-	oplicant #: 13	1976				Applic s F	orm Identif	ier: DMI	PS4710101		
Con	tact Person:	Greg Dav	vis				Phone Numb	er: 515-2	242-7773			
BLC	OCK 5: Di	scount Fundin	g Reque	st(s)		<u></u>		Pag	ge 120 of 319			
Instr num	uctions: Use ber the comp	one Block 5 pag leted pages to as	ge for EA(sure that t	CH serv hey are	ice (Funding all processed	Request Numb	er) for which y	ou are reque	esting discounts. Ma	ake as many copi	es of this page	as necessary, and
FRI	N #					(to be	assigned by	administ	rator)		····	
11		of Service (only (`			• Internal Co	onnections		Contract Number (if "T" if tariffed service, month-to-month servi described in instruction	, "MTM" if ces as	RFP#	00-48B
12	Form 470	Application Nu	ımber:		704:	340000296620		16	Billing Account Nu (e.g. billed telephon	ımber:	N	//A
									Allowable Vendor Se Contract Date: (mm	/dd/yyyy)	12/12	2/2000
13		vice Provider ion Number:			·	143008724			Contract Award Dat (mm/dd/yyyy)			2/2001
									Service State Date (m Service End Date (m			1/2001
14	Service Pr	ovider Name			DaVoco	Enterprises,	Inc.	20	Contract Expiration (mm/dd/yyyy)			I/A D/2002
21	Descriptio	n of this Service:						g breakdown	of components and cond note number in space		Attachment	# USFATCH0102
22	Entity/Ent Service:	ities Receiving thi	is	b. If t	mber of the en	tity from Block	4 receiving this s	ervice.	by others), list the En			7
23	Calculatio	ns			<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>					1		
	·	Recu	rring Ch	arges		***	Nor	-Recurring	Charges	, _	Total Charge	s
	A	В	C	-	D	E	F	G	H	Ī	J	К
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible n pre-disc amou (A min	count unt uus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	50,000	0	50,000	50,000	60%	30,000

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	1												
Bille	d Ent.	pplicant #: 13	1976				Applic s	form Ide	entifi	ier: DMF	S4710101		
Con	act Person	Greg Dav	vis				Phone Numb	er: 5	15-2	42-7773			
BLC	OCK 5: Di	scount Funding	g Reque	est(s)	· <u></u>				Page	e 121 of 319		·····	
Instr	uctions: Use per the comp	one Block 5 pag eleted pages to as	e for EA	CH serv	ice (Funding all processed	Request Num correctly.	ber) for which	you are r	eques	sting discounts. Ma	ike as many copi	es of this page	as necessary, and
FRI	V #					(to be	e assigned b	y admi	nistr	rator)			
11		of Service (only (15	n	Contract Number (if 'T" if tariffed service, month-to-month servidescribed in instruction	"MTM" if	RFP#	00-48B
12	Form 470	Application Nu	mber:		704:	34000029662	0	16		Billing Account Nu (e.g. billed telephon	e number)	N	/A
				<u> </u>				17		Allowable Vendor Se Contract Date: (mm		12/12	2/2000
13	ſ	rvice Provider tion Number:				143008724		18	(Contract Award Dat (mm/dd/yyyy)		01/12	2/2001
								198		Service State Date (n			/2001
14	Service Pr	ovider Name			DaVoco	Enterprises	, Inc.	19t 20		Service End Date (ma Contract Expiration (mm/dd/yyyy)			/A)/2002
21	Descriptio	n of this Service:							own o	of components and cost and note number in space		Attachment	USFATCH0102
22	Entity/Ent Service:	ities Receiving thi	s	Nu	imber of the ent	tity from Block	4 receiving this	service.		by others), list the En			
		_			ine service is sn z. A-1)	nared by an enti	itles on a Block 4	worksne	et, nsi	title worksneet numbe	er.		
23	Calculatio	ns					· · · · · · · · · · · · · · · · · · ·	· — — — — — — — — — — — — — — — — — — —				-	
		Recu	rring C	harges			No	ı-Recuri	ring (Charges		Total Charge	s
-	A	В		C	D	E	F	G	r	Н	I	J	К
(tota	hly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	am	monthly scount ount	# of months service provided in	Annual pre- discount for eligible	Annual non- recurring (one time) \$	How muthe \$ ar	mount) is	Annual eligible pre-discount \$ amount for one-	Total program year pre-discount \$ amount	% discount (from Block 4 worksheet)	Funding Commitment \$ Request

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Metu	rring Charges			NOI	i-Recurring C	narges		Total Charges	3
В	С	D	E	F	G	Н	I	J	K
How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	7,500	0	7,500	7,500	80%	6,000
	B How much of the \$ amount in (A)	B C How much of the \$ amount in (A) is ineligible? Eligible monthly pre-discount amount	B C D How much of the \$amount in (A) is ineligible? Eligible monthly pre-discount amount provided in	B C D E How much of the \$amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) # of months service provided in program year (C x D)	B C D E F How much of the \$amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) Beligible monthly pre-discount amount (A minus B) # of months service provided in program year program year (C x D) Annual pre-discount for eligible recurring charges (C x D)	B C D E F G How much of the \$amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) # of months service provided in program year # of months service provided in program year # of months service provided in program year Annual pre-discount for eligible recurring charges (C x D) Annual non-recurring (one time) \$ in (F) is ineligible?	B C D E F G H How much of the \$amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) # of months service provided in program year #	B C D E F G H How much of the \$amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) # of months service provided in program year Annual pre-discount for eligible recurring charges (C x D) # of months service provided in program year Annual non-recurring (one time) \$ amount in (F) is ineligible? Charges (C x D) # of months service provided in program year Flow much of the \$ amount in (F) is ineligible? Annual non-recurring (one time) \$ amount for one-time charges (F minus G)	B C D E F G H I J How much of the \$amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) amount (A minus B) Beligible monthly pre-discount amount (A minus B) # of months service provided in program year charges (C x D) # of months service provided in program year charges (C x D) # of months service provided in program year charges (C x D) # of months service provided in program year charges (C x D) # of months service provided in program year charges (C x D) # of months service provided in program year charges (C x D) # of months service provided in program year charges (C x D) # of months service provided in program year charges (C x D) # of months service provided in program year charges (C x D) # of months service provided in program year charges (S x D) # of months service provided in program year charges (S x D) # of months service provided in program year charges (S x D) # of months service provided in program year charges (S x D) # of months service provided in program year charges (S x D) # of months service provided in program year charges (S x D)

	act Person:	Greg Da	1976 vis				Phone Number	er: 515-2	42-7773			
nstn	CK 5: Di	scount Fundin	g Reque	est(s)		l		Page	e 122 of 319			
umt	er the comp	e one Block 5 pag oleted pages to as	e for EA	.CH serv they are	ice (Funding l	Request Num	per) for which y	ou are reques	ting discounts. M	ake as many copi	es of this page a	as necessary, and
RI	T #				- 	(to be	assigned by	administr	ator)		<u>- </u>	
1		of Service (only on mmunications Se						15 C	Contract Number (i T" if tariffed service nonth-to-month servicescribed in instruction	, "MTM" if ices as	RFP#	00-48B
2	Form 470	Application Nu	mber:		7043	34000029662)	16 I	Billing Account No e.g. billed telephor	umber:	N	/A
					7042	74000027002	,	17 A	Allowable Vendor S Contract Date: (mn	election/	12/12	2/2000
3		rvice Provider				143008724	<u> </u>	18	Contract Award Da mm/dd/yyyy)			2/2001
					,	143000724		ļ ļ	Service State Date (1	mm/dd/yyyy)		1/2001
						, <u>.</u> .			Service End Date (n			/A
	Service Pr	ovider Name			DaVoco	Enterprises	Inc.		Contract Expiration mm/dd/yyyy)	Date	06/30	0/2002
	Entity/Ent Service:	tities Receiving th	is	a. If t Nu b. If t	the service is sit	e-specific (pro ity from Block	vided to one site a 4 receiving this s	and not shared lervice.	d note number in spa by others), list the Er the worksheet numb	59000 59000		USFATCH010
	Calculatio											
3		Recu	rring Cl	harges			Non	-Recurring (Total Charge	
3					D	E	F	\mathbf{G}	H	I	J	K
3	A	B	•									
(tota	A nly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible pre-dis	monthly	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J) \$4,000

Andreas of development of the second

Cont		pplicant #: 13					Appıt's F	Form Identif	er: DM	PS4710	101		
	ect Person:	Greg Dav	vis				Phone Numb	er: 515-2	42-7773				
LO	CK 5: Di	scount Funding	g Reque	est(s)				Pag	e 123 of 319				
stru	ctions: Use er the comp	one Block 5 pag bleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Num correctly.	ber) for which y	ou are reque	sting discounts. M	ake as m	any copic	es of this page a	s necessary, an
RN							assigned by	/ administr	rator)				
į		of Service (only (15	Contract Number (if T' if tariffed service month-to-month serv	, "MTM"		RFP#	00-48B
				O men	Het Access	• Internal C	Officetions		lescribed in instruction				
	rorm 4/0	Application Nu	mber:		7043	34000029662	0		Billing Account Note, e.g. billed telephor		er)	N.	/ A
								17	Allowable Vendor S	election/			
_	CDIN C-			_					Contract Date: (mn)	12/12	/2000
ļ		rvice Provider ion Number:	ļ			1.42000714			Contract Award Da (mm/dd/yyyy)	te	l	01/17	/2001
	, some fire	ion runiber.	ļ			143008724		L	Service State Date (mm/dd/vy	(VV)	01/12 07/01	
								L	Service End Date (m			N.	
	Service Pro	ovider Name			DaVoco	Enterprises	, Inc.	20	Contract Expiration (mm/dd/yyyy)		77		/2002
_		n of this Service: ities Receiving thi	İs	relevant	t brand names. I	Label this descr te-specific (pro	ription with an At	g breakdown of tachment #, an and not shared	f components and co d note number in spa by others), list the Er	ce provid		Attachment #	USFATCH0!
	Service:		:	b. If			4 receiving this sties on a Block 4		the worksheet numb	er:		·····	
	Calculatio	ns		(6.)	3. A-1)	 -					<u>. </u>		
		Recu	rring Cl	harges			Non	-Recurring	Charges			Total Charges	
	A	В	(7	D	E	F	G	Н		Ī	J	K
onth	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible pre-dis amo (A mi	scount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	year pre \$ ar (E	program e-discount mount & H)	% discount (from Block 4 worksheet)	Funding Commitment : Request (I x J)
	0)	0	0	5,000	0	5,000	5,	000	60%	\$3,000

Billed Entry Applicant #: 131976	Applicant's Form	Identifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773		
BLOCK 5: Discount Funding Request(s)		Page 124 o	f 319	,

FRI	N #	(to be assigned b	y admini	strator)	
11	Category of Service (only ONE ca O Telecommunications Services	tegory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48B
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143008724	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
	*		19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	DaVoco Enterprises, Inc.	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A		n of components and costs, plus any	Attachment # USFATCH0102
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this b. If the service is shared by all entities on a Block 4 	service.		
23	Calculations	(e.g. A-1)			

		Nor	a-Recurring C	harges	Total Charges					
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	Ö	0	0	0	5,000	0	5,000	5,000	60%	\$3,000

Bille	ed En, A	pplicant #: 13	1976				Applyt's Form Identifier: DMPS4710101							
Con	tact Person	: Greg Day	⁄is				Phone Numb	er: 51	5-2	42-7773				
BLO	OCK 5: Di	scount Funding	g Reque	est(s)				Page 125 of 319						
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to ass	e for EA sure that	CH serv	rice (Funding lall processed	Request Num correctly.	ber) for which	you are re	ques	sting discounts. Ma	ke as m	any copie	s of this page a	s necessary, and
FRI						(to be	e assigned by	y admin	istr	rator)	· · · · · · · · · · · · · · · · · · ·		 	
11	Category of Service (only ONE category should be checked)					ed) ● Internal C	onnections	15	n	Contract Number (if available; use				00-48B
12	Form 470 Application Number: 704340000296					34000029662	0	16	I (Billing Account Nu e.g. billed telephon	mber: e numb	er)	N	/A
								17		Allowable Vendor Se Contract Date: (mm/		ction/		
13	SPIN – Service Provider Identification Number: 143008724					143008724		18	(Contract Award Date (mm/dd/yyyy) 01/12/2			/2001	
								19a		Service State Date (n			07/01	
14	Service Provider Name DaVoco Enterprise					T2	T	19b		Service End Date (mi Contract Expiration		/y)		/A
17	Service Provider Name DaVoco Enterprises					, Inc.	20		mm/dd/yyyy)	Date	-	96/30	/2002	
21	Descriptio	n of this Service:							wn o	f components and cos d note number in spac			Attachment #	USFATCH0102
22	Entity/Ent Service:	tities Receiving thi	s	Nι	imber of the ent	ity from Block	4 receiving this	service		by others), list the Ent	·	58968 -		
22	G-1- 1-6				g. A-1)									
23	Calculatio	ns 												
_		Recu	rring C	harges			Nor	ı-Recurri	ing (Charges			Total Charges	
	A	В	(-	D	E	F	G		Н		I	J	К
(tota	onthly \$ charges otal amount for service) How much of the \$ amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) # of months service provided in program year # of months service provided in program year # of months service discount for eligible recurring charges (C x D)		discount for eligible recurring charges	Annual non- recurring (one time) \$ charges	How muc the \$ ame in (F) ineligib	ount is	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)			
	0	0	(0	0	0	5,000	0		5,000	5,	000	50%	\$2,500
			L				<u> </u>			· · · · · · · · · · · · · · · · · · ·				

Applicant's Form Identifier:

DMPS4710101

Billed Entity Applicant #: 131976

	ict Person	: Greg Dav	vis	**			Phone numb	er: 51:	5-242-7	773					
LO	CK 5: D	iscount Fundin	g Reque	est(s)				I	Page 126 of 319						
nstruc umbe	ctions: User the com	e one Block 5 pag pleted pages to ass	ge for EA	CH serv	vice (Funding all processed	Request Num correctly.	ber) for which	you are rec	questing (discounts. M	lake as m	any copie	s of this page	as necessary, and	
RN	#					(to be	e assigned by	y admin	istrator	r)					
1		of Service (only (ommunications Se			ould be check net Access			15	Contra "T" if a month-	act Number (i tariffed service to-month serviced in instruction	e, "MTM' rices as		RFP #	00-48B	
2	Form 470 Application Number: 7043400002966					34000029662	0	16	(e.g. b	g Account N illed telepho	ne numb	er)	N	/ A	
								17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy))	12/12/2000		
3		ervice Provider				143008724		18	Contr	act Award Da d/yyyy)		<u> </u>	01/12/2001		
	143000/24					19a		e State Date (mm/dd/yy	/yy)		1/2001			
19b Service End Date (mm/dd/yy								yy)	 	/A					
4	Service Pr	rovider Name			DaVoco	Enterprises	, Inc.	20		act Expiration d/yyyy)	n Date		06/30)/2002	
1	Descriptio	on of this Service:					service, including interpretation with an A		vn of com	ponents and co			Attachment	USFATCH010	
2	Service:	titles Receiving thi	s	b. If	umber of the ent	tity from Block	vided to one site 4 receiving this ties on a Block 4	service.				265517			
3	Calculatio						N	. D	- Ch				T-4-1 Cl		
		· · · · · · · · · · · · · · · · · · ·	rring C					ı-Recurrii	ng Charg				Total Charge		
	A	В		C	D	E	F	G		H		I	J	K	
(total a	y \$ charges amount for rvice)	How much of the \$ amount in (A) is ineligible?	amo	monthly scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges	Annual non- recurring (one time) \$ charges	How much the \$ amo in (F) is ineligible	ount p s ar e? 1	nnual eligible re-discount \$ nount for one- time charges (F minus G)	year pro \$ ar	program e-discount mount & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0		0	0	0	300,000	0		300,000	30	0,000	63%	\$189,000	
	0	0		0	0	(C x D)	300,000	0			30	0,000	63%	\$	

- x 1 1 C \	En. A	pplicant #: 13	1976	· · · · · · · · · · · · · · · · · · ·			Appı's F	orm Identifi	er: DM	PS4710101		_ -
onta	ct Person:	Greg Da	vis				Phone Numb	er: 515-24	42-7773			
LO	CK 5: Di	scount Fundin	g Reque	est(s)				Page	e 127 of 319			
stru mb	ctions: Use er the comp	one Block 5 pag oleted pages to as	ge for EA sure that	CH serv	vice (Funding all processed	Request Num correctly.	ber) for which y	ou are reques	ting discounts. M	ake as many copie	es of this page a	ns necessary, an
₹N	#			 <u></u>		(to be	e assigned by	administr	rator)			
		of Service (only ommunications Se			ould be checken			15 C	Contract Number (i T" if tariffed service nonth-to-month serv	e, "MTM" if	RFP#	00-48C
\dashv		Application Nu				- Internal C			escribed in instruction		N	/ A
					7043	34000029662	0	17 A	e.g. billed telepho Allowable Vendor S	election/		
		rvice Provider						18 C	Contract Date: (mn Contract Award Da		12/12	/2000
ļ	Identificat	ion Number:			1	143005247			(mm/dd/yyyy) 01/12/2001 9a Service State Date (mm/dd/yyyy) 07/01/2001			
	Service Pr	ovider Name			Gra	ıybar Electri	e	20 (
	Description	n of this Service:						g breakdown of	components and co note number in spa		Attachment #	USFATCH010
	Entity/Ent Service:	ities Receiving th	is	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58991								
				b. If	the service is sh	ared by all enti	ties on a Block 4	worksheet, list	the worksheet numb	er:		
	Calculatio	ns			5. 11-19					<u></u>		
		Recu	rring Cl	harges			Non	-Recurring C	Charges		Total Charge	5
	A	В	-	7	D	Е	F	G	Н	I	J	K
_	y \$ charges amount for	How much of the \$ amount in (A) is ineligible?	amo	monthly scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment S Request (I x J)
otal :	rvice)		(A mi			charges (C x D)			15,000		_	

	1													
Bille	d En, A	pplicant #: 131	1976				Appı's F	orm Iden	tifier	r: DMP	S4710101			
Cont	act Person:	Greg Dav	/is				Phone Numb	er: 515	5-242	2-7773				
BLC	CK 5: Di	scount Funding	g Reque	est(s)				P	age	128 of 319				
Instru numb	ections: Use per the comp	e one Block 5 pag leted pages to ass	ge for EA sure that	CH serv they are	ice (Funding) all processed	Request Numb correctly.	er) for which y	ou are req	juestii	ng discounts. Ma	ke as many co	ies of this page	as necessary, and	
FRN # (to be assigned by administrator)														
11		of Service (only (15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48C		
12	Form 470	Application Nu	mber:		7043	340000296620	1	16	Bil	lling Account Nu g. billed telephon	mber:	1		
·								17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)					
13	SPIN – Service Provider Identification Number: 143005247					143005247		18	1	ntract Award Date m/dd/yyyy)	e	01/1	2/2001	
								19a		rvice State Date (m		···	1/2001	
14	Service Pr	ovider Name			Cro	ybar Electric		19b 20		rvice End Date (mi intract Expiration			D/2002	
				<u></u>					(m	m/dd/yyyy)		00/30/2002		
21	Description	n of this Service:								components and cos note number in space		Attachment	# <u>USFATCH0103</u>	
22	Entity/Ent Service:	ities Receiving thi	S	Nι	imber of the ent	ity from Block	4 receiving this s	ervice.		others), list the Ent				
					the service is sh z. A-1)	ared by all entit	ies on a Block 4	worksheet,	list th	ne worksheet numbe	er:			
23	Calculatio	ns			,									
	4 	Recu	rring C	harges			Non	-Recurrin	ıg Ch	narges		Total Charge	s	
	A	В	(C D E F				G		Н	I	J	K	
(total	(total amount for service) \$ amount in (A) pre-discount amount (A minus B) \$ service discount for amount (A minus B) program year recurring charges (C x D)			recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible	unt	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discoun \$ amount (E & H)	worksheet)	Funding Commitment \$ Request (I x J)			
	0	0	'	0 0 0 25,000				0	ı	25,000	25,000	50%	12,500	

Billed Ent., Applicant #: 131976	Appli's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 129 (of 319

FRN	(to be assigned by administrator)											
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C							
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A							
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000							
13	SPIN - Service Provider Identification Number: 143005247		18	Contract Award Date (mm/dd/yyyy)	01/12/2001							
			19a	Service State Date (mm/dd/yyyy)	07/01/2001							
			196	Service End Date (mm/dd/yyyy)	N/A							
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002							
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At		n of components and costs, plus any	ow. Attachment # USFATCH0103							
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.										
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)										
23	Calculations											

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	15,000	0	15,000	15,000	90%	\$13,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 130 of 319
Instructions: Use one Block 5 page for EACH service (Funding	a Request Number) for which you are requesting discounts. Make as many conics of this page or necessary, and

FRI	N #	(to be assigned by	y admini	strator)					
11	<u> </u>		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C				
12	Form 470 Application Number:	704340000296620	16 Billing Account Number: (e.g. billed telephone number)						
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000				
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001				
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A				
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002				
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Action of the service, including the service of the servic		n of components and costs, plus any	Attachment # USFATCH0103				
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:							
23	Calculations	(e.g. A-1)							

		Non	-Recurring C	liarges	Total Charges					
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	25,000	25,000	80%	20,000

Billed Entity Applicant #: 131976	Applicant's Form	Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)	<u></u>	Page 131 of	f 319

FR	N #	(to be assigned by	y admini	istrator)				
11	Category of Service (only ONE ca O Telecommunications Services	O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a	Service State Date (mm/dd/yyyy)	07/01/2001			
		<u></u>	19b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A			v. Attachment # USFATCH0103			
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:				
23	Calculations				<u> </u>			

	Recu	rring Charges			Non-Recurring Charges			Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000	

Billed Entity Applicant #: 131976	Applicant's Form	Identifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773		
BLOCK 5: Discount Funding Request(s)	4	Page 132 of	7319	

FRI	N #	(to be assigned by	admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001	
		<u></u>	19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At			elow. Attachment # <u>USFATCH0103</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s	ervice.		2009 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non-Recurring Charges			Total Charges			
A	В	С	D	E	F	G	H	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)	
0	0	0	0	0	15,000	0	15,000	15,000	40%	\$6,000	

d Entuy Ap	oplicant #: 13	1976				Applicant's F	form Iden	ifier: D	Applicant's Form Identifier: DMPS4710101								
ct Person:	Greg Dav	vis				Phone Numb	er: 515	-242-7773		· <u></u>							
CK 5: Di	scount Fundin	g Requ	est(s)				P	age 133 of 3	9								
ctions: Use er the comp	one Block 5 pag leted pages to as	ge for EA sure that	CH serv they are	rice (Funding all processed	Request Num correctly.	ber) for which y	you are req	uesting discounts.	Make as many cop	ies of this page	as necessary, and						
[#					(to be	assigned by	v admini	strator)									
					ed)	Connections 15 Contract Number (if availa "T" if tariffed service, "MTM month-to-month services as			ice, "MTM" if rvices as	RFP #00-48C							
Form 470	Application Nu	mber:		704:	34000029662)	16	16 Billing Account Number:			/ A						
							17	Allowable Vendo	r Selection/	12/13	2/2000						
					143005247		18		Date	12/12/2000							
			}	•	145005217		19a		e (mm/dd/yyyy)	01/12/2001 07/01/2001							
						 .	19b				I/A						
Service Provider Name Graybar Elect						c	20		ion Date	06/30	0/2002						
relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>USFATCH01</u> 2 Entity/Entities Receiving this Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:											# <u>USFATCH010</u>						
Calculation	ns		1 (0.2	<u>5:_^` </u>													
	Recu	rring C	harges			Non	-Recurrin	g Charges		Total Charge	S						
A	В	(C	D	E	F	G	Н	I	J	К						
amount for	How much of the \$ amount in (A) is ineligible?	pre-di am	scount ount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	the \$ amou in (F) is	nt pre-discount s amount for one time charges	year pre-discount - \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)						
0 0 0		0	0	40,000	0	40,000	40,000	50%	\$20,000								
	CK 5: Directions: Use over the comp I # Category of O Telecon Form 470 SPIN - Set Identificat Service Pro Description Entity/Ent Service: Calculation	act Person: Greg Dav OCK 5: Discount Fundin actions: Use one Block 5 pager the completed pages to as I # Category of Service (only 6 O Telecommunications Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations Recu A B Buly Scharges amount for Samount in (A)	CK 5: Discount Funding Requestations: Use one Block 5 page for EAster the completed pages to assure that IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	A B C CK 5: Discount Funding Request(s) CACH Services CACH Service Provider Service (only ONE category should be categor	A B C D CK 5: Discount Funding Request(s) actions: Use one Block 5 page for EACH service (Funding ber the completed pages to assure that they are all processed of the completed pages to assure that they are all processed of the completed pages to assure that they are all processed of the completed pages to assure that they are all processed of the complete processed of the comp	act Person: Greg Davis OCK 5: Discount Funding Request(s) Inctions: Use one Block 5 page for EACH service (Funding Request Number the completed pages to assure that they are all processed correctly. If (to be Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal C Form 470 Application Number: SPIN - Service Provider Identification Number: 143005247 Service Provider Name Graybar Electric relevant brand names. Label this describe and names. Label this describe is shared by all enting (e.g. A-1) Calculations Recurring Charges A B C D E Sly \$ charges amount for service is ineligible? How much of the samount provided in grouping amount provided in grouping recurring rec	Phone Numb CK 5: Discount Funding Request(s) Intions: Use one Block 5 page for EACH service (Funding Request Number) for which yet the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the completed pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assure that they are all processed correctly. If the complete pages to assur	act Person: Greg Davis Phone Number: 515 CK 5: Discount Funding Request(s) Phone Number: 515 CK 5: Discount Funding Request(s) Phone Number: 515 CK 5: Discount Funding Request(s) Phone Number: 515 Phone Number: 615 It to be assigned by adminications and phone standard of the service	Phone Number: 515-242-7773 Phone Number: 515-242-7773 Page 133 of 31 Rections: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. ## (to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: Tournation Number: SPIN – Service Provider Identification Number: 143005247 Description of this Service: You MUST attach a description of the service, including breakdown of components and relevant brand names. Label this description with an Attachment #, and note number in story (e.g. A-1) Entity/Entities Receiving this Service: Recurring Charges Recurring Charges A B C D E F G H Into Number (Eligible monthly # of months service is sine-specific (provided to one site and not shared by others), list the worksheet nument for amount for service is service is shared by all entities on a Block 4 worksheet, list the worksheet nument for amount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Samount in (A) is ineligible? Annual president in fight in the Annual president in the Annual president in the Annual president in fight in	Phone Number: 515-242-7773 Phone Number: 515-242-7773	Phone Number: \$15-242-7773 Page 133 of 319 Inctions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page are the completed pages to assure that they are all processed correctly. If (to be assigned by administrator) Category of Service (only ONE category should be checked) To Telecommunications Services O Internet Access Internal Connections Inter						

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 134 of 319	

FRI	V #	(to be assigned by	admin	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	,	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
				Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Att			w. Attachment # USFATCH0103
22	Entity/Entitles Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	2 -		
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	workshect,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non-Recurring Charges			Total Charges			
A	В	C	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	15,000	0	15,000	15,000	60%	\$9,000	

Billed Entity Applicant #: 131976	Applicant's Form Identifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	, Treatment of the control of the co	
BLOCK 5: Discount Funding Request(s)	Page 135	of 319	

FRN	N #	(to be assigned by	y admini	strator)	
11	O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At		on of components and costs, plus any	low. Attachment # USFATCH0103
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site:		587 -	
23	Calculations	(e.g. A-1)	······		

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	40%	\$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 136 of 319	

FR	N #	(to be assigned by	/ admini	istrator)			
11	Category of Service (only ONE category of Services O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C		
	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A		
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000		
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001		
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A		
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002		
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH					
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:					
23	Calculations	(e.g. A-1)					

Recurring Charges					Non	n-Recurring Cl	harges		Total Charge	S
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	40,000	0	40,000	40,000	60%	\$24,000